

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **107088825**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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45	/		/			
46	/		/			
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48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	11		11			
TOTAL DEP.	65		4			
TOTAL CLAIMS				15		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53	/		/			
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						